

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">09784255</div>		FILING DATE <div style="font-size: 1.2em;">02-18-01</div>		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		1					53				
4		1					54				
5		1					55				
6		1					56				
7		1					57				
8		1					58				
9	1						59				
10		1					60				
11		1					61				
12		1					62				
13		1					63				
14		1					64				
15		1					65				
16		1					66				
17	1						67				
18		1					68				
19		1					69				
20		1					70				
21		1					71				
22		1					72				
23		1					73				
24		1					74				
25	1						75				
26		1					76				
27		1					77				
28		1					78				
29		1					79				
30		1					80				
31		1					81				
32		1					82				
33		1					83				
34	1						84				
35		1					85				
36		1					86				
37	1						87				
38		1					88				
39		1					89				
40		1					90				
41	1						91				
42		1					92				
43		1					93				
44		1					94				
45	1						95				
46		1					96				
47		1					97				
48		1					98				
49		1					99				
50							100				
TOTAL IND.	5						TOTAL IND.				
TOTAL DEP.	31						TOTAL DEP.				
TOTAL CLAIMS	36						TOTAL CLAIMS				